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PTO/SB/17 (10-07)

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Output

Description Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004,				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/532,596-Conf. #9444				
FEE TRANSMITTAL				Filing Date A		April 25, 2005		
For FY 2008						Laurence Lassalle		
101112000				<del></del>		T. S. Phan		
X Applicant claims small entity status. See 37 CFR 1.27			7.1.1.0.1.1.		2833			
TOTAL AMOUNT OF PAYMENT (\$) 705.00			Attorney Docket No. M0025.0328/P328					
METHOD OF PAYMENT (check all that apply)								
Check X Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 04-1073 Deposit Account Name: Dickstein Shapiro LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
. BASIC FILING, SEARCH, AND EXAMINATION FEES								
FILING FEES SEARCH FEES EXAMINATION FEES								
Application T	ype Fee (\$	Small Entity ) Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)
Utility	310	155	510	255	210	105		
Design	210	105	100	50	130	65		
Plant	210	105	310	155	160	80		<del></del> [
Reissue	. 310	155	510	255	620	310		
Provisional	210	105	0	255				
		105	U	U	0	0		Small Entite
EXCESS CLAIM FEES Small Entity See Description Fee (\$) Fee (\$)								
	: r 20 (including Reiss				50	25		
Each independent claim over 3 (including Reissues)							200	100
Multiple depen	dent claims						360	180
Total Claims		Fee F	Paid (\$)	<u>Mul</u>	Itiple Dependent Claims			
	-20 = x =			Fee (\$)			ee Paid (\$	t
HP = highest number of total claims paid for, if greater than 20.  Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
HP = highest num	ber of independent claims	paid for, if greater that	n 3.					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). <u>Total Sheets</u> Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = /50 = (round up to a whole number) x =								
OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 2253 Extension for response within third month 525.00 1806 Submission of an Information Disclosure Statement 180.00								
UBMITTED BY	AA /	11						
gnature	Nepl	SONA		Registration No. (Attorney/Agent)	31,063	Telephone	(202) 420	-4879
lame (Print/Type)	Stephen A. Soffen					Date	April 9,	2008